### STATE ALLOCATION BOARD OFFICE OF PUBLIC SCHOOL CONSTRUCTION

## **RESTROOM MAINTENANCE COMPLAINT**EDUCATION CODE SECTION 35292.5

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#### **GENERAL INFORMATION**

As of January 1, 2004, Section 35292.5 was added to the Education Code and contains the following requirements relating to the sufficiency and availability of restroom facilities in all public schools:

- Every restroom must be maintained and cleaned regularly, fully operational, and stocked at all times with toilet paper, soap, and paper towels or functional hand dryers.
- Schools must keep all restrooms open during school hours when pupils are not in
  classes, and must keep a sufficient number of restrooms open during school hours
  when pupils are in classes (except as required for pupil safety or as necessary to
  repair the facility).
- Any school district that operates a public school that is in violation of this section, as determined by the State Allocation Board, is ineligible for state deferred maintenance fund matching apportionments.

In order to receive a written response from the Office of Public School Construction advising the complainant that the school district has been informed of the deficiencies outlined in their complaint, as well as to advise when the deficiencies have been corrected, it is essential that the form be filled out in its entirety. *However, the OPSC will accept and process anonymous complaints*.

This form is used to report complaints for inadequate conditions in public school restroom facilities. If the complaint involves multiple restrooms, *please use a separate form for each restroom*.

#### **SPECIFIC INSTRUCTIONS**

Please complete Parts I and II in order to assist the OPSC in addressing your concerns in a timely manner.

#### Part I

**School District:** Enter name of school district of school where complaint is located.

County: Enter name of county where school district is located.

Name of School: Enter name of school site where complaint is located.

**School Site Address:** Enter street address, city and ZIP code of school site where complaint is located.

**Location of Restroom Facility:** Name specific physical location of restroom in the complaint; use landmarks, such as "boys/girls on east side of gymnasium" for reference.

#### Part II

**Type of Complaint:** Check the box next to all complaint codes that apply to the complaint being reported.

**Observations:** Provide details to further explain the type of complaints that are checked in the "Type of Complaint" form cell.

#### Part III

Complainant: Print your name.

Telephone: Please provide your telephone number.

Address: Please provide your mailing address.

Signature of Complainant: Sign your name here.

**Date:** Please enter the date the form is submitted.

After completing the form, please submit the form by mail or FAX to the address or FAX number as shown on the form.

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SCHOOL DISTRICT (IF KNOWN)			COUNTY		
NAME OF SCHOOL			SCHOOL SITE ADDRESS (STREET, CITY, ZIP CODE)		
PART II: TYPE OF COMPLAINT (PLEASE	CHECK VI	I THAT ADDIV).			
Plumbing, Equipment and Supplies (hand soap, paper towels, etc.)				Condition	of Restroom/Miscellaneous
□ P-100 Toilet damaged/missing		Lavatory Stall Doors and/or Locks missing/inoperable			Floors unclean on a consistent basis
□ P-101 Toilet leaking/clogged		Paper Towel Dispenser missing/inoperable			Walls/Ceilings unclean on a consistent basis
□ P-102 Lavatory Sink damaged/missing		Toilet Paper Dispenser missing/inoperable			Trash Receptacles not emptied consistently
☐ <b>P-103</b> Faucets or Pipes damaged/leaking		Soap Dispensers missing/inoperable			Toilets/Urinals unclean/unusable on a consistent
□ <b>P-104</b> Floor Drains clogged		Soap Dispensers consistently empty			basis
□ P-105 Lavatory Sink clogged		Paper Towel Dispensers co		☐ C-104	Restroom Facility closed for an extended period
☐ <b>E-100</b> Electric Hand Dryers damaged/missing	☐ S-102	Toilet Paper missing/unus	able on a consistent basis	☐ M-102	Miscellaneous—Summarize below
PART III					
PART III  COMPLAINANT (PRINT NAME)				TELEPHONE	
				TELEPHONE	
				TELEPHONE	
COMPLAINANT (PRINT NAME)  ADDRESS (NUMBER, STREET, CITY, ZIP CODE)	Office o	f Public School Constru	uction		EOD INTERNAL HISE ONLY
COMPLAINANT (PRINT NAME)  ADDRESS (NUMBER, STREET, CITY, ZIP CODE)  SIGNATURE OF COMPLAINANT		f Public School Constru	uction		FOR INTERNAL USE ONLY

FAX: 916.445.5526